

**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	09/919 504
Filing Date	July 31, 2001
First Named Inventor	Emanuele, R. Martin
Title	THERAPEUTIC DELIVERY COMPOSITIONS AND METHODS OF USE THEREOF
Art Unit	1635
Examiner Name	Richard A. Schnizer
Attorney Docket Number	026482-001520US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

66950

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

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Title and Company

General Counsel - CytRx Corporation

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.